

Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MS State Board of Physical Therapy		CONTACT PERSON Stephanie Boyette	TELEPHONE NUMBER 601-352-2918	
ADDRESS PO Box 55707, Jackson, MS 39296		CITY Jackson	STATE MS	ZIP 39296
EMAIL sboyette@msbpt.ms.gov	SUBMIT DATE 10/08/15	Name or number of rule(s): Title 30, Part 3103, Chapter 1, Rule 1.1(3)(a)		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: To amend this rule to change the number of times an applicant can sit for the exam in any jurisdiction.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. Section 73-23-43(1)(e) Rev. 2008.

List all rules repealed, amended, or suspended by the proposed rule: Title 30, Part 3103 Chapter 1, Rule 1.1(3)(a)

ORAL PROCEEDING:

- ☐ An oral proceeding is scheduled for this rule on Date: _____ Time: _____ Place: _____
- ☒ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

- ☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES

____ Original filing
 ____ Renewal of effectiveness
 To be in effect in ____ days
 Effective date:
 ____ Immediately upon filing
 ____ Other (specify): _____

PROPOSED ACTION ON RULES

Action proposed:
 ____ New rule(s)
 ____ Amendment to existing rule(s)
 ____ Repeal of existing rule(s)
 ____ Adoption by reference
 Proposed final effective date:
 ____ 30 days after filing
 ____ Other (specify): _____

FINAL ACTION ON RULES

Date Proposed Rule Filed: 9/10/15
 Action taken:
☒ Adopted with no changes in text
 ____ Adopted with changes
 ____ Adopted by reference
 ____ Withdrawn
 ____ Repeal adopted as proposed
 Effective date:
 ____ 30 days after filing
☒ Other (specify): 11/9/15

Printed name and Title of person authorized to file rules: Stephanie Boyette, Executive Director

Signature of person authorized to file rules: *Stephanie Boyette*

OFFICIAL FILING STAMP

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Accepted for filing by

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#21577 *[Signature]*